

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be reimbursement for dates of service 5-7-02.
 - b. The request was received on 8-8-02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. HCFAs
 - c. EOBs
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60
 - b. HCFAs
 - c. EOBs
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. The Commission requested two copies of additional documentation via a Fee Letter (MR 116) that was mailed to the Requestor on 8-19-02. The Requestor did not respond as required by Rule 133.307 (g) (3). Therefore, the Commission could not forward any additional documentation to the Respondent per Rule 133.307 (g) (4). The Respondent's three (3) day response is reflected in Exhibit II of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: No position statement noted in the dispute packet.
2. Respondent: No position statement noted in the dispute packet.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 5-7-02.

2. The carrier denied the billed service (as reflected on the EOBs) as, "N – DOCUMENTATION DOES NOT JUSTIFY LEVEL OF SERVICE. RESUBMIT USING [SIC] CODE FOR APPROPRIATE LOWER LEVEL OF SERVICE."
3. The following table identifies the disputed services and Medical Review Division's rationale:

| DOS | CPT or Revenue CODE | BILLED | PAID | EOB Denial Code(s) | MARS | REFERENCE | RATIONALE: |
|---------------|---------------------|----------|-------|--------------------|---------|---|--|
| 5-7-02 | 99214 | \$105.00 | \$-0- | N | \$71.00 | MFG: Evaluation/management Ground Rules (VI) (B); Rule 133.307 (g) (3) (B); CPT Descriptor | The Carrier has denied the disputed service as "N". No documentation was noted in the dispute packet to support the service as billed. Therefore, no reimbursement is recommended. |
| Totals | | \$105.00 | \$-0- | | | | The Requestor is not entitled to reimbursement. |

The above Findings and Decision are hereby issued this 17th day of January 2003.

Lesia Lenart
Medical Dispute Resolution Officer
Medical Review Division

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